## **APPLICATION DATA SHEET**

## **Application Information**

Application Number::

**NEW** 

Filing date::

**NOVEMBER 3, 2003** 

Application Type::

**REGULAR** 

Subject Matter::

UTILITY

Suggested Classification::

Class 073

Suggested Group Art Unit::

2856

Title::

SHAPED CHARGE TUBING CUTTER

Attorney Docket Number::

Titan 001.02

Request for Early Publication::

NO NO

Request for Non-Publication::
Suggested Drawing Figure::

FIG. 2

**Total Drawing Sheets::** 

8

Small Entity::

Yes

Petition included::

NO

Petition Type::

NA

Licensed US Govt. Agency::

NO

Contract or Grant Numbers::

NA

Secrecy Order in Parent Application::

NO

## **Applicant Information:**

Applicant Authority Type::

Inventor

**Primary Citizenship Country::** 

**United States of America** 

Status::

Full Capacity

Given Name::

William

Middle Name::

T.

Family Name::

Bell

City of Residence::

Huntsville

State or Province of Residence::

**Texas** 

Street of mailing address::

2534B FM 1375E

City of mailing address::

Huntsville

State or Province of mailing address::

Texas

Country of mailing address::

United States of America

Postal or Zip Code of mailing address:: 77340

**Correspondence Information** 

Correspondence Customer Number::

37471

Name::

W. Allen Marcontell

Street of mailing address::

P.O. Box 800149

City of mailing address::

Houston

State or Province of mailing address::

**Texas** 

Country of mailing address::

**United States of America** 

Postal or Zip Code of mailing address:: 77280-0149

Phone number::

713-849-5848

Fax number::

713-849-6658

E-Mail address::

wampat@pdq.net

**Representative Information** 

Representative Customer Number::

37471

Representative name:

W. Allen Marcontell

Representative Registration Number::

22,925

**Domestic Priority Information** 

Application No.::

This Application

Continuity Type::

Division of

Parent Application::

10/017,116

Parent Filing Date::

12/14/01

Foreign Pri rity Information

Country:: NA

Application Number:: NA

Filing Date:: NA

**Priority Claimed::** 

## **Assignment Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::